## **BEST AVAILABLE COPY**

| PATENT APPLICATION FEE DETERMINATION RECOI   |   |   |                       |   |                     |                         | RD Application of Bocket Number                  |                       |  |                          |                        |  |  |  |  |  |  |  |  |
|--|---|---|-----------------------|---|---------------------|-------------------------|--|-----------------------|--|--------------------------|------------------------|--|--|--|--|--|--|--|--|
| Effective December 29, 1999  |   |   |                       |   |                     |                         | C716193LPL                                       |                       |  |                          |                        |  |  |  |  |  |  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                       |   |                     |                         | LL EN  |                       | OR   | OTHER<br>SMALL E         |                        |  |  |  |  |  |  |  |  |
| FO   | R   |   | NUMBER FILED NUMBER E |   |                     | RATE                    |  | FEE-                  | ر.<br>ا ن  | RATE                     | FEE                    |  |  |  |  |  |  |  |  |
| BAS  | SIC FEE   |   |                       |   |                     |                         | _  |                       | OR   |                          | 690.00                 |  |  |  |  |  |  |  |  |
|  | TAL CLAIMS  | 41  | minus 20              | )= - 311                                    | 27                  | X\$ 9                   | _ /  | 43.06                 | YOR I  | X\$18=                   | 446                    |  |  |  |  |  |  |  |  |
| IND  | EPENDENT CL   | - 1                                       | minus 3               | = 1   |                     | X39                     | <del>,                                    </del> | 0.00                  | OR   | X78=                     | <del>1</del> 8         |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                       |   |                     |                         | <del></del>                                      | $O_{\nu}O_{\nu}$      |  |                          |                        |  |  |  |  |  |  |  |  |
| + 1/4 th - difference in column 1 is less than zero, enter "O" in column 2   |   |   |                       |   |                     | +130                    | _  |                       | OR   | +260=                    | 1020                   |  |  |  |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |                       |   |                     | TOTA                    | AL L   |                       | OR   | TOTAL                    | 1424                   |  |  |  |  |  |  |  |  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |   |                       |   |                     | SMALL ENTITY OF         |  |                       |  | OTHER THAN  SMALL ENTITY |                        |  |  |  |  |  |  |  |  |
| NT A   |   | CLAIMS REMAINING AFTER AMENDMENT          |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATI                    | E TI   | ADDI-<br>IONAL<br>FEE |  | RATE                     | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| DME  | Total   | *   | Minus                 | **  | =                   | X\$ 9                   | )=   |                       | OR   | X\$18=                   |                        |  |  |  |  |  |  |  |  |
| <b>AMENDMENT</b>   | Independent   | *   | Minus                 | ***   | =                   | X39:                    | =  | -                     | OR   | X78=                     |                        |  |  |  |  |  |  |  |  |
| lacksquare   | FIRST PRESENTATION OF MULTIPLE DEPENDENT O                    |   |                       | ENDENT CLAIM                                | ·                   | +130                    |  |                       |  | +260=                    |                        |  |  |  |  |  |  |  |  |
|  |   |   |                       |   |                     |                         | TAL  |                       | OR<br>OR   | TOTAL                    |                        |  |  |  |  |  |  |  |  |
|  | (Column 1) (Column 2) (Column 3)                              |   |                       |   |                     | ADDIT. FEEOH ADDIT. FEE |  |                       |  |                          |                        |  |  |  |  |  |  |  |  |
| ┝  |   | (Column 1)<br>CLAIMS                      |                       | HIGHEST                                     |                     |                         | 1  | ADDI-                 |  |                          | ADDI-                  |  |  |  |  |  |  |  |  |
| NDMENT B   |   | REMAINING<br>AFTER<br>AMENDMENT           |                       | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA    | RAT                     | ET   | IONAL<br>FEE          |  | RATE                     | TIONAL<br>FEE          |  |  |  |  |  |  |  |  |
|  | Total   | •   | Minus                 | **  | =                   | X\$ 9                   | )=   |                       | OR   | X\$18=                   |                        |  |  |  |  |  |  |  |  |
| AMEN   | Independent   | •   | Minus                 | ***   | =                   | X39                     | =  |                       | OR   | X78=                     |                        |  |  |  |  |  |  |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEP                            |   |                       | ENDENT CLAIM                                |                     | 100                     | T  |                       |  | .000                     |                        |  |  |  |  |  |  |  |  |
|  | ,   |   |                       |   |                     | +130                    | )=<br>TAL  |                       | OR   | +260=<br>TOTAL           |                        |  |  |  |  |  |  |  |  |
|  |   |   |                       |   | •                   | ADDIT.                  |  |                       | OR   | ADDIT. FEE               | L                      |  |  |  |  |  |  |  |  |
| L  | (Column 1) (Column 2) (Column 3)                              |   |                       |   |                     |                         |  |                       | _  |                          |                        |  |  |  |  |  |  |  |  |
| ENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RAT                     |  | ADDI-<br>IONAL<br>FEE |  | RATE                     | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |
| MO   | Total   | •   | Minus                 | **  | =                   | X\$ 9                   | )= T   |                       | OR   | X\$18=                   |                        |  |  |  |  |  |  |  |  |
| AMENDMENT  | Independent   |   | Minus                 | ***   | =                   | X39                     | =  |                       | OR   | X78=                     | •                      |  |  |  |  |  |  |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                |   |                       |   |                     | <u> </u>                |  |                       |  |                          |                        |  |  |  |  |  |  |  |  |
|  |   |   | Na                    | mai o milita non in -                       | olumn 2             | +130                    | L  |                       | OR   | +260=                    |                        |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE |   |   |                       |   |                     |                         |  |                       |  |                          |                        |  |  |  |  |  |  |  |  |
| "  | if the "Highest N<br>The "Highest Nu                          | umber Previously F<br>mber Previously Pa  | aid For" (Total o     | o orace is less the<br>r Independent) is th | e highest number fo | ound in th              | ne appro   | opriate bo            | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                          |                        |  |  |  |  |  |  |  |  |